

STATE OF MAINE CHARITABLE SOLICITATIONS

Application for Registration:

**Professional Solicitor
Professional Fund-raising Counsel
Commercial Co-venturer**



Department of Professional & Financial Regulation
Office of Licensing & Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624
Hearing Impaired Line – TTY: 1-888-577-6690
E-mail: marlene.m.mcfadden@Maine.gov
Fax: (207) 624-8637

Websites:

Charitable Solicitations URL: www.state.me.us/pfr/olr/categories/cat10.htm
Office of Licensing & Registration URL: www.state.me.us/pfr/olr/
Department of Professional & Financial Regulation URL: www.maineprofessionalreg.org

Office located at: 122 Northern Avenue, Gardiner, Maine, 04345

June 1, 2006

Instructions for Application and Renewal:

Professional Solicitor (PS) Professional Fund-raising Counsel (PFRC) Commercial Co-venturer (CCV)

A Professional Solicitor, Professional Fund-raising Counsel, or Commercial Co-venturer must be registered with this office prior to conducting activities in the State of Maine.

Definitions:

- Professional Solicitor means any person or entity that, alone or through its employees or agents, solicits contributions from the public on behalf of a charitable organization in exchange for a fee or other remuneration. "Professional Solicitor" does not include a *bona fide* employee, *bona fide* salaried officer, attorney, accountant or investment counselor of a charitable organization.
- Professional Fund-raising Counsel means any person who is retained, for compensation, by a charitable organization to plan, manage, advise or provide consultation services with respect to the solicitation in this State of contributions, but who does not solicit contributions, has neither custody nor control of contributions and does not directly or indirectly employ, procure or engage any person compensated to solicit contributions. A *bona fide* nontemporary salaried officer or employee of a charitable organization is not considered to be a Professional Fund-raising Counsel. An attorney, investment counselor or banker who advises any person to make a contribution to a charitable organization is not, as the result of such advice, a Professional Fund-raising Counsel. Individuals who contract with Charitable Organizations to provide grant-writing services for the purpose of obtaining money or property from foundations no longer are required to become registered as Professional Fund-raising Counsel.
- Commercial Co-venturer means any person who, for profit, is regularly and primarily engaged in trade or commerce in this State, other than in connection with the raising of funds for charitable organizations or purposes, and who conducts a sale, performance event or collection and sale of donated goods that is advertised in conjunction with the name of any charitable organization. Any such person who will benefit in good will only may not be considered a commercial co-venturer if the collection and distribution of the proceeds of the sale, performance, or event, or the collection and sale of donated goods, are supervised and controlled by the benefiting charitable organization. Any entity whose annual contributions to charitable organizations do not exceed \$10,000 is exempt from the registration requirement.

Applications:

Registrations will not be issued to prospective registrants who submit incomplete applications, or whose applications omit required documentation. All questions on the application must be answered. If they are not, then the application will be considered incomplete and returned for completion. If additional room is needed to answer a question, please attach a separate sheet of paper to the application and state on the application that you have done so. All applications must be notarized. An application for registration or renewal of registration can be denied for

fraud, misrepresentation, or deception on an application, or for a violation of any provision of the Charitable Solicitations Act or rule adopted under its authority.

Fees:

The annual registration fee for a Professional Solicitor, Professional Fund-Raising Counsel or Commercial Co-venturer is \$200. An additional \$50 application fee is required for your initial registration. All checks and money orders should be made payable to the **“Treasurer - State of Maine.”**

Renewal:

Registrations expire on November 30th of each year. If your renewal registration application is postmarked after that date, then it will be considered late, and you will be charged an additional \$50 as a late fee. If you attempt to renew your registration more than 90 days after your registration has expired, then your registration will be considered to have lapsed, and you will be required to make application as a new registrant. Until your registration is renewed, you may not conduct fund-raising activities in Maine.

Bond:

A \$25,000 surety bond form is included in this packet. The bond is required of Professional Solicitors and Commercial Co-venturers; it is no longer required of Professional Fund-raising Counsel. The bond or continuation certificate you submit must be an original, have an expiration date no earlier than November 30th of the registration year and be notarized.

Directors & Officers:

You must submit a current list of officers and directors, which includes their names, contact addresses, phone numbers and e-mail addresses.

Website:

Application & renewal forms, Annual Fundraising Activity Report forms, and the statute & rules governing the conduct of charitable solicitations in Maine are available at the following website: <http://www.state.me.us/pfr/olr/categories/cat10.htm>

If you have any questions, please contact Marlene M. McFadden by e-mail at marlene.m.mcfadden@maine.gov, by phone at (207) 624-8624, by fax at (207) 624-8637 or through our hearing-impaired line at TTY: 1-888-577-6690.

What to Submit for Renewal Registration

- Completed, Notarized Application
- \$200 in Fees
- List of Current Officers and Directors
- \$25,000 Bond or Continuation Certificate (if Professional Solicitor or Commercial Co-venturer)



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
CHARITABLE SOLICITATION

35 STATE HOUSE STATION

AUGUSTA, MAINE

04333-0035

HEARING IMPAIRED: TTY – 1-888-577-6690

OFFICE PHONE (207)-624-8624

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Please make checks payable to: "TREASURER - STATE OF MAINE"

REGISTRATION TYPE (Check one):

- ☐ PROFESSIONAL SOLICITOR
- ☐ PROFESSIONAL FUND-RAISING COUNSEL (No bond is required.)
- ☐ COMMERCIAL CO-VENTURER (You must register only if you contribute over \$10,000 annually.)

(For Office use only)

	TYPE OF APPLICATION	FEE
	RENEWAL REGISTRATION FEE (1428)	\$200
	INITIAL REGISTRATION FEE (1422)	\$200
	APPLICATION FEE (1446)	\$50
	LATE FEE (if applicable) (2090)	\$50

1. NAME OF APPLICANT: _____

2. FEDERAL ID # (FEIN): _____

3. OTHER NAME(s) USED (d/b/a): _____

4. BUSINESS PHYSICAL LOCATION:

Street	City	State	Zip
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PHONE: (____) _____ (W) PHONE: (____) _____ (H)

E-MAIL: _____

5. BUSINESS MAILING ADDRESS:

Street or PO Box	City	State	Zip
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PHONE: (____) _____ (W) PHONE: (____) _____ (H)

E-MAIL: _____

6. BUSINESS LEGAL ADDRESS:

Street	City	State	Zip
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PHONE: (____) _____ (W) PHONE: (____) _____ (H)

E-MAIL: _____

7. LOCATION WHERE RECORDS ARE KEPT:

Name of Location			
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Street or PO Box	City	State	Zip
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PHONE: (____) _____ (W) PHONE: (____) _____ (H)

Street	City	State	Zip
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E-MAIL: _____

8. NAME AND ADDRESS OF PARTNERSHIP(s) OF THE APPLICANT (Attach a separate sheet if necessary.):

a. _____
Name

Street	City	State	Zip
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b. _____
Name

Street	City	State	Zip
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c. _____

Name

Street

City

State

Zip

9. HAS THE APPLICANT BEEN SANCTIONED BY A REGULATORY AGENCY OR BY A COURT OF LAW FOR ANY VIOLATION OF THAT JURISDICTION'S STATUTE OR RULES, OR SIGNED A CONSENT DECREE, A CONSENT AGREEMENT, OR AN ASSURANCE OF DISCONTINUANCE?

YES ☐

NO ☐

IF YOU ANSWERED "YES," THEN PLEASE ATTACH A DETAILED EXPLANATION AND COPIES OF ALL DOCUMENTS.

10. HAS THE APPLICANT BEEN DENIED REGISTRATION IN ANY JURISDICTION OR HAD ITS REGISTRATION REVOKED OR SUSPENDED?

YES ☐

NO ☐

IF YOU ANSWERED "YES," THEN PLEASE ATTACH A DETAILED EXPLANATION AND COPIES OF ALL PERTINENT DOCUMENTS.

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By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosure may result in the denial of my registration or renewal of my registration, or disciplinary action. I further authorize all law enforcement agencies and officials thereof to release to the Department any and all criminal history record information pertaining to me.

Name (printed or typed)

Name (printed or typed)

Name (signed)

Name (signed)

Title (printed or typed)

Title (printed or typed)

Sworn and subscribed to before me

this _____ day of _____, 20_____.

Notary Signature

Jurisdiction in which Signed

Printed Name of Notary

_____/_____/_____
Date Commission Expires



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JOHN ELIAS BALDACCI
GOVERNOR

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ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$_____

Signature: _____ Date: ____/____/____

CONTRACTS WITH CHARITABLE ORGANIZATIONS

Maine's Charitable Solicitations Act (9 M.R.S.A. § 5001 et seq.), mandates that a true and correct copy of all contracts executed between a Professional Solicitor, Professional Fund-raising Counsel or Commercial Co-venturer and a Charitable or an Exempt Charitable Organization be submitted in writing to this office by the PS/PFR/CCV before any solicitation activities occur.

Information pertaining to the Charitable Organizations with whom your organization has contracted must be provided with the registration application. You may use a separate sheet of paper if necessary.

Note: Contracting with an unregistered Charitable Organization that has not qualified as an Exempt Charitable Organization is prohibited under 9 M.R.S.A. §5008(3-A)(C), and may result in disciplinary action. Qualification as a "Tax Exempt Organization" under IRS regulations does not exempt a Charitable Organization from the registration requirement.

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CONTRACT INFORMATION

Name of Charitable Organization: _____

Address of Charitable Organization

Street: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

E-mail: _____

Fax Number: _____

Dates of Contract: From _____ To _____

Dates of Campaign: From _____ To _____

In the State of Maine? _____ Yes _____ No

Purpose of Contract

Identify the primary service to be performed under the contract (check one):

Professional Solicitor:

- | | |
|-------------------------------|---|
| EV Event / Performance / Show | ? |
| MS Mail Solicitation | ? |
| ND Neighborhood Drive | ? |
| TS Telephone Solicitation | ? |
| WS Website Solicitation | ? |
| OS Other | ? |

Professional Fund-raising Counsel:

- | | |
|----------------------|---|
| CT Consultation | ? |
| FS Feasibility Study | ? |
| PL Planning | ? |
| TG Training | ? |
| OF Other | ? |

Commercial Co-Venturer:

- | | |
|--------------|---|
| CP Coupon | ? |
| RY Royalties | ? |
| OV Other | ? |



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CHARITABLE SOLICITATION
35 STATE HOUSE STATION
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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

SURETY BOND OF PROFESSIONAL SOLICITOR OR COMMERCIAL CO-VENTURER

BOND EXPIRATION DATE: NOVEMBER 30, 20____

BOND NUMBER #: _____

KNOW ALL PERSONS BY THESE PRESENTS that _____
(Name of Applicant)

of _____ as principal, and _____
(Address) (Name of Surety)

of _____
(Address)

as surety, are held and firmly bound unto the State of Maine, as Oblige, in the sum of **Twenty-five Thousand Dollars (\$25,000)**, to the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

The condition of this obligation is that if the Applicant registers as a professional solicitor or commercial co-venturer, as described in 9 M.R.S.A. §5001 et seq., complies with all requirements of said statute, and makes full accounting and payment of all charitable funds coming into the Applicant's possession to all persons entitled thereto, this obligation is void. Otherwise, this obligation remains in full force and effect.

This bond remains in force until the State of Maine releases the Surety from liability or until the Surety cancels the bond. The Surety may only cancel the bond upon giving 30 days' advance written notice to the State of Maine and the Applicant. Any such cancellation shall be prospective only and shall not defeat the Surety's obligation to make payment for any breach of the condition of this obligation that occurs or has occurred prior to expiration of the 30-day notice period set forth in this paragraph.

Signed, sealed and dated this _____ day of _____ 20____

Witnessed by: _____
(Signature of witness) (Signature of Applicant)

Printed name of witness:

(Surety)

SEAL

By: _____
(Signature of authorized representative of surety)

Printed name of representative: _____



PHONE: (207)624- 8624

HEARING IMPAIRED:

TTY: 1-888-577-6690

PRINTED ON RECYCLED PAPER
(207) 624-8563 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN
AVENUE, GARDINER, MAINE

FAX: (207)624-8637

ANNUAL FUNDRAISING ACTIVITY REPORT

Maine's Charitable Solicitations Act requires you to submit an Annual Fundraising Activity Report to the Office of Licensing and Registration no later than 60 days prior to the expiration date of your current registration (9 M.R.S.A. § 5008[3]). This means that by September 30th of each year, you must file one of the following with our office:

- Annual Fundraising Activity Report for Professional Solicitors
- Annual Fundraising Activity Report for Professional Fund-raising Counsel
- Annual Fundraising Activity Report for Commercial Co-Venturers

Note: A person or entity that, in exchange for a fee or other compensation, solicits contributions from the public on behalf of a charitable organization must register as a professional solicitor. A person or entity that, for compensation, plans, manages or advises a charitable organization with respect to its fund-raising activities may register as a Professional Fund-raising Counsel so long as the person or entity does not solicit contributions, exercises no custody or control over contributions and does not employ anyone who does so.

The information contained in the form pertains to January 1 to December 31 of the preceding year (i.e., 1/1/05 to 12/31/05 for a report filed by 9/30/06).

All information requested must be provided. If it is not, then the form will be returned to you for completion. Renewal registrations will not be issued to registrants that have failed to properly complete and file the Annual Fundraising Activity Report. Failure to complete and file the report may also result in disciplinary action. It is therefore recommended that you submit the report well in advance of the due date, in order to allow time for correction.